

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 07/17/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 07/19/2005					
		FINANCIAL PAYER: NCDMH					
						TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1	CLAIM DENIED DUE TO INSUFFICIENT BUDGET			
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2	56 54
3404904	WESTERN HIGHLAND DS LME	11	678	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	208	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	28	1046	13990 12943
		143	38	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404910	PATHWAYS	8599	71	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8621	41	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	1	172	6244 4344
		21	27	DUPLICATE OF CLAIM-SYSTEM			
3404912	CATAWBA COUNTY MENTAL HEALTH	8599	40	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		8931	9	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	10	61	278 217
		5312	4	PRIOR AUTHORIZED DOLLARS EXCEEDED			
3404913	MECKLENBURG COUNTY MENTAL HEALTH	11	4648	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8933	204	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	211	4963	6912 1949
		8599	51	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404916	CROSSROADS BEHAVIORAL HEALTH	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		21	31	DUPLICATE OF CLAIM-SYSTEM	0	108	118 10
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404917	CENTERPOINT HUMAN SERVICES	8599	105	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		21	37	DUPLICATE OF CLAIM-SYSTEM	6	171	2581 2410
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		9308	12	PRIOR AUTHORIZED UNITS EXCEED D	6	66	395	329
		9404	6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		9312	167	PRIOR AUTHORIZED DOLLARS EXCEE DED	47	815	6165	5349
		9308	154	PRIOR AUTHORIZED UNITS EXCEED D				
3404922	THE DURHAM CENT ER	8599	435	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	292	DUPLICATE OF CLAIM-SYSTEM	0	855	4760	3905
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	5 COUNTY MH	11	403	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	471	1095	624
		8329	25	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404925	SANDHILLS CENTE R FOR MH/DD	11	7441	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	814	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	51	8843	18915	10072
		8952	272	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404926	SOUTHEASTERN RE G MENTAL HL	23	5	SERVICE REQUIRES PRIOR APPROVA L				
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	14	80	66
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404927	CUMBERLAND CO M HC	8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE	20	251	3637	3386
		8622	33	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

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3404930	JOHNSTON COUNTY MNTL HLTHC	8931	84	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	122	164	2829	2665
		8935	24	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	160	1391	1231
		8649	8	CLAIM DENIED MAXIMUM ALLOWED 2 6 OCCURRENCES HAVE PROCESSED AND PAID, PA IS REQUIRED.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	2	42	70	28
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow CARTERET BEHAV HEAL	8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	33	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1	105	613	506
		8621	11	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	12	521	509
		21	3	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	141	DUPLICATE OF CLAIM-SYSTEM				
		8599	106	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	257	3873	3616
		5404	4	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				

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3404939	NEUSE MENTAL HE ALTH CENTER	21	157	DUPLICATE OF CLAIM-SYSTEM				
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	264	1109	845
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	21	2077	DUPLICATE OF CLAIM-SYSTEM				
		8599	1707	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	4388	9305	4917
		191	117	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	12	40	1318	1278
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	21	64	DUPLICATE OF CLAIM-SYSTEM				
		5404	41	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	38	179	1195	1016
		8931	21	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HOMA N SERVICES	11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	9	25	2934	2909
		8932	4	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	859	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	166	DUPLICATE OF CLAIM-SYSTEM	0	1154	1276	122
		8518	86	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404957	TIDELAND MENTAL HEALTH CTR	8935	60	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	67	135	2053	1918
		8622	14	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TMC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	3499	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8931	84	AMINC INELIGIBLE TO RECEIVE SE	95	3721	7950	4229
				EVICES IN IPRS.				
		8599	69	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				